Social protection relationships, lessons from a meso analysis of the French homecare services

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(at least) 2 major lessons from the régulation school

1. A growing importance of the institutional form of competition, that leads to a change in public policies and on the wage labor-nexus, by extension on the social protection related to the employment (Petit 1999, 2008)

   → Control of the public expenditures as well as the introduction of market mechanisms, ie, marketization, are a response to the crisis of Fordism

   → But it changes the social (protection) relationships

2. Sector-based régulationnists works show that the analyze of institutional change in sectors contributes to identify contradictions and régulations that we can’t see at the macro level -> because sectors are embedded in the macro level, importance to analyze sectors and other meso levels (Lamarche & Al 2021; Laurent & Du Tertre 2008)
Aim of the presentation

- An analyze of the régulation of the French homecare services
  - a sector related to social protection
  - that face marketization, especially since the so-called Social cohesion plan (2005)

- How it changes the social protection relationship
  - at this sector level
  - And what it can explain for the macro level
1. Characterizing social protection relationships related to homecare

2. The French home care services as a sector and its régulation

3. The marketization of homecare with the 2005’s Social Cohesion plan
   - Transformation of the supply
   - Transformation of the régulation of home care services

4. Changes in the social protection relationships
1/ Characterizing social protection relationships for home care
Homecare: definition and key data

- Homecare = response to the needs induced by a bad state of health
- Homecare = a care activity that correspond to a help for daily living activities, including help for mobility (for a walk or from the bed to a chair), help for self-care (hygiene, meals) and help for the care of home
- Around 10% of the French pop older than 5 years
  - 63% self-production in the family
  - 14% from a professional care-taker
  - 23% combines self-production and professional care-taker (Weber 2015)
- In 2018, around 776 000 elderly benefit of a cash-for-care scheme
Analyzing the social relationships related to (home)care

- Fraser (2007, 2014) and others, make a distinction between productive labor and reproductive labor
  - Productive labor: professional activity that is necessarily remunerated
  - Reproductive work encompasses all care labor
    - Professional activity OR self-production in the family, unpaid
    - Remuneration and form of labor are different

- Daly & Lewis (2000): social care = labor + set of duties and responsibilities + monetary and emotional cost
  - Care policies connect the state, the market and families
  - What are the social relationships between these spheres?
The social protection relationship for homecare (services)

Social protection Organizations (social security, departmental councils)

Cash-for-care

Family

Market sphere
Includes NPO, businesses and directly employed care-tackers

Service relationship
Employment relationship
2/ The French homecare services as a sector and its régulation
The homecare services sector

Cash for care device + kind of product

Homecare services Sector

Medico-social sector

Medico-social authorization
3/ The marketization of homecare with the social cohesion plan (named plan Borloo, 2005)
## Accreditation VS Medico-social authorization?

<table>
<thead>
<tr>
<th>Supplier point of view</th>
<th>Medico-social authorization</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to demonstrate that a social need exist</td>
<td></td>
<td></td>
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<tr>
<td>Local public authorities in charge of social policies</td>
<td>Local public authorities in charge of labor</td>
<td></td>
</tr>
<tr>
<td>Price set by public authorities</td>
<td>Free price, regulation of its evolution</td>
<td></td>
</tr>
<tr>
<td>Historical organizations (NPO)</td>
<td>New entrants (businesses)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elderly point of view</th>
<th>Medico-social authorization</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash-for-care + tax reductions</td>
<td>Cash-for-care + tax reductions</td>
<td></td>
</tr>
<tr>
<td>Amount of the cash-for-care depends on the price set by public authorities (and on the maximum level)</td>
<td>Amount of the cash-for-care depends on a national flee (&lt; price) (and on the maximum level)</td>
<td></td>
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</tbody>
</table>
The homecare services sector: at the crossroad of lifestyle and homecare services and medico-social sector

Providers with accreditation
No barriers to entry for directly employed care-takers

Lifestyle and homecare services

Homecare

Medico-social sector

Providers with medico-social authorization
31/ An important transformation of the supply of lifestyle and homecare services

All data are from DARES, long period data complied by myself
Evolution of the vol. activity of lifestyle and home care services (millions of hours, all kind of providers)
A global growth of lifestyle and homecare services providers’ activity
A continuous growth in the number of businesses... But a drop in nb. of NPO

<table>
<thead>
<tr>
<th>Sort of organization of lifestyle and home care services (includes serv. Providers and third party orga)</th>
<th>2004</th>
<th>2009</th>
<th>2012</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimations</td>
<td>Annual average</td>
<td>Annual average</td>
<td>Annual average</td>
</tr>
<tr>
<td>NPO</td>
<td>9200</td>
<td>7612</td>
<td>7 100</td>
<td>6 260</td>
</tr>
<tr>
<td>Associations</td>
<td>8000</td>
<td>6181</td>
<td>5 790</td>
<td>5 120</td>
</tr>
<tr>
<td>Public organizations</td>
<td>1200</td>
<td>1432</td>
<td>1 310</td>
<td>1 140</td>
</tr>
<tr>
<td>Businesses</td>
<td>573</td>
<td>9742</td>
<td>16 560</td>
<td>21 750</td>
</tr>
<tr>
<td>Businesses, expect self-employed orga.</td>
<td>8898</td>
<td>11 040</td>
<td>13 310</td>
<td></td>
</tr>
<tr>
<td>self-employed orga.</td>
<td>844</td>
<td>5 520</td>
<td>8 440</td>
<td></td>
</tr>
<tr>
<td>Ensemble</td>
<td>9773</td>
<td>17354</td>
<td>23 660</td>
<td>28 000</td>
</tr>
</tbody>
</table>
A huge change in the market configuration (lifestyle and homecare services)
Focus on the sole home care services: a growing part of businesses and a market contraction
# Current régulation of homecare services

<table>
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<tr>
<th>Institutional devices</th>
<th>Socio-economic regime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combines market devices + quasi-market devices (cash-for-care)</td>
<td>Consumption of social services, responding to a need assessed and paid by public authorities (with a co-payment) + a growing individual demand (maximum of cash-for-care; national flee &lt; prices of accredited businesses; service out of the package)</td>
</tr>
<tr>
<td>Services contributes to keep at home the elderly (by opposition to care homes)</td>
<td>Importance of the coproduction of the care service</td>
</tr>
<tr>
<td>Growing place of national brands</td>
<td>Growing importance of businesses</td>
</tr>
<tr>
<td>Regulation of quality except for direct employment</td>
<td>Both NPO and businesses have a product policy that combines homecare serv and lifestyle services</td>
</tr>
<tr>
<td>Flexible wage-labor relationship at the sector level</td>
<td>Exchange combines market dimensions and non-market dimensions</td>
</tr>
<tr>
<td>NPO with a tarif fixed by public authorities; businesses with free price, direct employment of care tackers</td>
<td></td>
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</tbody>
</table>
4/ Transformations for the social protection relationships
The global contraction of the market means a global contraction of professional care; however, other things equal, since homecare is a response to a need, the duty lies with the families.

Reduction of the market-share of NPO and growth of business -> other things equal, growing individual demand <-> dilution of socially fundings however, since homecare is a response to a need, the duty lies with the families.
Changes for the social protection relationship
Macro level

- By the end; the control of public expenditures relies on
  - A change in the social protection relationship
    - With a growing place of individual demand and self-production by families
  - Which contributes to blind the reduction of social rights and socially paid services